## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10820316

| CLAIMS AS FILED - PART I                         |   |                                   |            |                  |                                    |                   |                  |       | SMALL I        | ENTITY                 |       | OTHE               | THAN   |
|--|---|-----------------------------------|------------|------------------|------------------------------------|-------------------|------------------|-------|----------------|------------------------|-------|--------------------|--|
| TOTAL CLAUS                                      |   |                                   |            | (Column 1)       |                                    | (Column 2)        |                  |       | TYPE           |                        | OR    | OTHER THAN         |  |
| TOTAL CLAIMS                                     |   |                                   |            | 7.0              |                                    |                   |                  |       | RATE           | FEE                    | 7     | RATE               | FEE  |
| FOR  |   |                                   |            | NUMBER FILED     |                                    | NUM               | BER EXTRA        |       | BASIC FE       | E 385.00               | OR    | BASIC FEE          | 770.00   |
| TOTAL CHARGEABLE CLAIMS                          |   |                                   |            | . 7 @minus 20=   |                                    | • -               |                  | ]     | X\$ 9=         |                        | OR    | X\$18=             |  |
| INDEPENDENT CLAIMS                               |   |                                   |            | ⊜ in             | ninus 3 =                          | •                 |                  |       | X43=           |                        | OR    | Voc                | <del>                                     </del> |
| MULTIPLE DEPENDENT CLAIM PRESEN                  |   |                                   |            |                  |                                    |                   |                  |       | +145=          |                        | 1     |                    | <del> </del>                                     |
| • If the difference in column 1 is less than zer |   |                                   |            |                  |                                    | *0* in 0          | column 2         |       | TOTAL          | 1                      | OR    | L                  |  |
| CLAIMS AS AMENDED - PART II                      |   |                                   |            |                  |                                    |                   |                  | IOIAL |                | JOR                    | TOTAL | 776                |  |
| <b></b>  | · · · · · · · · · · · · · · · · · · ·   | (Colur                            | nn 1)      |                  | · (Column 2)                       |                   |                  | _     | SMALL          | ENTITY                 | OR    | OTHER<br>SMALL     |  |
| AMENDMENT A                                      | dino  | REMAI<br>AFT<br>AMEND             | NING<br>ER |                  | HIGH<br>NUME<br>PREVIO<br>PAID F   | BER<br>USLY<br>OR | PRESENT<br>EXTRA |       | RATE           | ADDI-<br>TIONAL<br>FEE |       | RATE               | ADDI-<br>TIONAL<br>FEE                           |
|  | Total   | - 20                              |            | Minus            | - 20                               | )                 | =                |       | · X\$ 9=       |                        | OR    | X\$18=             |  |
| AME  | Independent   |                                   |            | Minus            | 3                                  | 21.441.4          | = ]              |       | X43=           |                        | OR    | <del>2</del> 86-   | 200  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                   |            |                  |                                    |                   |                  |       | +145=          |                        | OR    | +290=              |  |
|  |   |                                   |            |                  |                                    |                   |                  | Ļ     | TOTAL          |                        |       | TOTAL              | 200  |
|  |   | (Colun                            | าก 1)      |                  | (Colum                             | n 2)              | (Column 3)       | A     | DDIT. FEE      |                        | Jon , | ADDIT. FEE         | 040  |
| AMENOMENT B                                      |   | CLAII<br>REMAII<br>AFTE<br>AMENDI | NING<br>R  |                  | HIGHE<br>NUMB<br>PREVIOI<br>PAID F | ER<br>USLY        | PRESENT<br>EXTRA |       | RATE           | ADDI-<br>TIONAL<br>FEE |       | RATE               | ADDI-<br>TIONAL<br>FEE                           |
|  | Total   | •                                 |            | Minus            | **                                 |                   |                  |       | X\$ 9=         |                        | OR    | X\$18=             |  |
|  | Independent   | •                                 |            | Minus            | ***                                |                   | =                |       | X43=           |                        | OR    | X86=               |  |
|  | FIRST PRESE   |                                   | OF MUI     | LTIPLE DEF       | PENDENT                            | CLAIM             |                  | ╵┟    | .145           |                        |       |                    |  |
| 1/1  |   |                                   |            |                  |                                    |                   |                  | L     | +145=<br>TOTAL |                        | OR    | +290=<br>TOTAL     |  |
|  |   | (C=1,                             | - 4\       |                  |                                    | •                 |                  | A     | DIT. FEE       |                        | OR A  | DOIT. FEEL         |  |
| Т  | ·   | (Colum                            |            |                  | (Columi                            |                   | (Column 3)       | _     | •              |                        | _     |                    |  |
| SAEN.  |   | REMAIN<br>AFTE<br>AMENDA          | R          |                  | PREVIOU<br>PAID FO                 | ISLY              | PRESENT<br>EXTRA |       | RATE           | ADDI-<br>TIONAL<br>FEE | -     | RATE               | ADDI-<br>TIONAL<br>FEE                           |
|  | Total   | *                                 | A          | Minus'           | ••                                 | Í                 | 5                |       | X\$ 9=         |                        | OR    | X\$18=             |  |
|  | Independent   | •                                 |            | Vinus            | ***                                |                   | <b>*</b>         |       | X43=           |                        | .     | X86=               |  |
| لــَـ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                   |            |                  |                                    |                   |                  |       |                | -                      | OR    |                    |  |
| • 11   | the entry in colum  | nn 1 je laen                      | thàn tha   | materials action | <b></b>                            | 19 im1            |                  | Ŀ     | 145=           |                        | OR    | +290=              |  |
| H  | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                   |            |                  |                                    |                   |                  |       |                |                        | OR AL | TOTAL<br>DDIT. FEE |  |
| T  | he *Highest Num   | ber Previous                      | sly Paid I | For (Total or    | Independent                        | ) is the h        | ighest number    | found | in the appr    | opriate box            |       |                    |  |